** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

OMB No. 1545-0047

ΑI	For the	2017 calendar year, or tax year beginning and e	ending											
B	Check if applicable	C Name of organization		D Employer identific	cation number									
	Address change													
	Name change	Doing business as		04-3	585301									
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) PO BOX 1866	Room/suite	E Telephone number (650										
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,412,798.									
	Amendoreturn	MOUNTAIN VIEW, CA 94042		H(a) Is this a group re	eturn									
	Applica tion	F Name and address of principal officer: HODDI VAN HOOMEDING	3	for subordinates	? Yes X No									
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No									
		mpt status: X 501(c)(3) 501(c) ()	or 527	If "No," attach a	list. (see instructions)									
		e: ► WWW.CREATIVECOMMONS.ORG		H(c) Group exemption										
		organization: X Corporation Trust Association Other	L Year	of formation: 2002	State of legal domicile: MA									
Pa		Summary												
ė	1 5	Briefly describe the organization's mission or most significant activities: DEVEI	JOPS L	EGAL AND TE	CHNICAL									
Governance	-	INFRASTRUCTURE FOR DIGITAL CREATIVITY, SI												
/er	1	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.												
é		Number of voting members of the governing body (Part VI, line 1a)		3	13 12									
∞ ′°		Number of independent voting members of the governing body (Part VI, line 1b)			11									
Activities &		Total number of individuals employed in calendar year 2017 (Part V, line 2a)			65									
ξ		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			0.									
¥		Net unrelated business taxable income from Form 990-T, line 34			0.									
	 "	vet unrelated business taxable moonle norm offi oso 1, inte o-		Prior Year	Current Year									
ø.	8 (Contributions and grants (Part VIII, line 1h)		12,564,987.	1,477,689.									
ğ		Program service revenue (Part VIII, line 2g)		0.	11,668.									
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		101.	150,699.									
E		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-1,321.	-648.									
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,563,767.										
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		449,628.	342,117.									
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.									
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .		1,499,533.	1,712,813.									
Expenses	16 a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.									
ă		Fotal fundraising expenses (Part IX, column (D), line 25)		1 202 205	1 5 4 5 4 0 4									
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			1,545,484.									
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,342,546.										
<u>_ s</u>	19	Revenue less expenses. Subtract line 18 from line 12		9,221,221.										
Net Assets or Fund Balances	00 -	Tabal accepts (Part V. line 10)	Re	ginning of Current Year 10,820,243.	End of Year 8,958,034.									
Asse Bala	20 7	Fotal assets (Part X, line 16)		283,416.	321,328.									
Vet /	21 7	Fotal liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		10,536,827.	8,636,706.									
Pá	art II	Signature Block		10,330,027	0,030,7000									
_		ties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	v knowledge and belief, it is									
		, and complete. Declaration of preparer (other than officer) is based on all information of wh			,,,									
Sig	n	Signature of officer		Date										
Her		MOLLY VAN HOUWELING, CHAIRMAN												
		Type or print name and title												
		Print/Type preparer's name Preparer's signature	[Date Check	PTIN									
Pai	L-	MAGA E. KISRIEV		self-employe										
		Firm's name HOOD & STRONG LLP	Firm's EIN ▶	94-1254756										
Use	Only	Firm's address 275 BATTERY ST, STE 900												
		SAN FRANCISCO, CA 94111		Phone no.41	5.781.0793									
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No									

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	·			Enter file	er's identifying	g number			
Гуре or	Name of exempt organization or other filer, see instru-	ctions.		Employer	dentification	number (EIN) or			
orint	CDEASTITE COMMONG CODDODAST			04 2505201					
ile by the	CREATIVE COMMONS CORPORATIO			04-3585301					
lue date for lling your eturn. See	Number, street, and room or suite no. If a P.O. box, so PO BOX 1866	ee instruc	tions.	Social se	curity number	(SSN)			
nstructions.	City, town or post office, state, and ZIP code. For a for MOUNTAIN VIEW, CA 94042								
nter the	Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1			
Applicati	on	Return	Application			Return			
s For		Code	Is For			Code			
orm 990	or Form 990-EZ	01	Form 990-T (corporation)			07			
orm 990	-BL	02	Form 1041-A			08			
orm 472	0 (individual)	03	Form 4720 (other than individual)			09			
orm 990	-PF	04	Form 5227						
orm 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
orm 990	-T (trust other than above)	06	Form 8870			12			
If the control of this in the control of the contro	none No. ► (650) 294-4732 organization does not have an office or place of business is for a Group Return, enter the organization's four digit of the group, check this box ► quest an automatic 6-month extension of time until the organization named above. The extension is for the organization of the orga	Group Exe and atta NOVEI	emption Number (GEN) In the control of the	If this is fo	r the whole gro	ion is for.			
▶[► X calendar year 2017 or ► tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period								
3a If th	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any						
	refundable credits. See instructions.	,	•	3a	\$	0.			
b If th	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and						
esti	imated tax payments made. Include any prior year overp	ayment a	llowed as a credit.	3b	\$	0.			
	ance due. Subtract line 3b from line 3a. Include your pa	,	, , ,			0.			
by ı	by using EFTPS (Electronic Federal Tax Payment System). See instructions.								

instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

Pai	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: CREATIVE COMMONS DEVELOPS, SUPPORTS, AND STEWARDS LEGAL AND TECHNICAL
	INFRASTRUCTURE THAT MAXIMIZES DIGITAL CREATIVITY, SHARING, AND
	INNOVATION.
	TIMO VALION:
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
2	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	3, 3, 3, 3, 1, 3, 1, 3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 2,767,768 • including grants of \$ 342,117 •) (Revenue \$ 11,668 •)
-1 d	(Code:) (Expenses \$ 2,767,768. including grants of \$ 342,117.) (Revenue \$ 11,668.) HEWLETT INTERNATIONAL GRANT - TO DEVELOP A NETWORK OF VOLUNTEERS AROUND
	THE PLANET TO SUPPORT OPEN RESOURCES ON THE INTERNET.
	THE THIRD TO BOTTOM MEDOCHOLD ON THE INTERMET
	ARCADIA FOUNDATION - DESIGNING FREE TOOLS TO ASSIST IN ALLOWING PEOPLE
	TO USE CREATIVE COMMONS LICENSED CONTENT.
	IMLS GRANT - TO PROVIDE SERVICES TO LIBRARIANS AND MUSEUM OFFICIALS TO
	ENCOURAGE ACCESS AND USE OF ONLINE RESOURCES.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
	· · · · · · · · · · · · · · · · · · ·
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 2,767,768.
	Form 990 (2017

11361029 759146 18410

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		x	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	^	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		- 21
4	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	Ė		
_	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Λ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		x	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	120		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	$\vdash \vdash \vdash$	
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	000	X

Form **990** (2017)

Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			l
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-10		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			l
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			7.7
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		,
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			177
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	<u> </u>		
					Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	11			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		4.4			1
	filed for the calendar year ending with or within the year covered by this return	2a	11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				77
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•		37	
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a	X	
b	If "Yes," enter the name of the foreign country: CANADA		· (50 4 5)			1
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			_		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction of the live of			5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		—
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the pay contributions that were not tay deductible as charitable contributions?			6a		x
h	any contributions that were not tax deductible as charitable contributions?			0a		
b	were not tax deductible?		•	6b		
7	Organizations that may receive deductible contributions under section 170(c).			OD		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices r	rovided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?	-		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contrac	ot?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	ract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file February	orm 88	399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
				9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
	Section 501(c)(7) organizations. Enter:	مدا				
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against	114				
D	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
	• • • • • • • • • • • • • • • • • • • •			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b		
				Form	990	(2017)

732005 11-28-17

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

_	Check if Schedule O contains a response or note to any line in this Part VI					X				
<u>Sec</u>	tion A. Governing Body and Management									
		1 1	4.0		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13							
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any othe	r							
	officer, director, trustee, or key employee?			2		X				
3	Did the organization delegate control over management duties customarily performed by or under the	he direct supervi	sion							
	of officers, directors, or trustees, or key employees to a management company or other person? \dots			3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed? .		4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		X				
6	6 Did the organization have members or stockholders?									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one or								
	more members of the governing body?			7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or								
	persons other than the governing body?			7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the following	:							
а	The governing body?			8a	X					
b	Each committee with authority to act on behalf of the governing body?			8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)								
			_		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a	Х					
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapters, affiliate	s,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy before filing th	ne form?	11a	X					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?		12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If $^{"}$	Yes," describe								
	in Schedule O how this was done			12c	Х					
13	Did the organization have a written whistleblower policy?			13	X					
14	Did the organization have a written document retention and destruction policy?			14	X					
15	Did the process for determining compensation of the following persons include a review and approve	al by independe	nt							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?								
	The organization's CEO, Executive Director, or top management official			15a	X					
b	Other officers or key employees of the organization			15b	X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a								
	taxable entity during the year?			16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its participati	on							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization's								
	exempt status with respect to such arrangements?			16b						
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ►CA, CT, FL, MA, I									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501(c)(3)s only) a	vailab	le					
	for public inspection. Indicate how you made these available. Check all that apply.									
		n in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest	policy, and	finan	cial					
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records	s: ►							
	DIANE PETERS - (650) 294-4732									
	PO BOX 1866. MOUNTAIN VIEW. CA 94042									

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

X

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Name and Title	Average hours per week							I Donortobio		
	1	Position (do not check more than one box, unless person is both a						Reportable compensation	Reportable compensation	Estimated amount of
			icer ar					from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	or dire	يو			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e e	suadı		(W-2/1099-MISC)		organization and related
	organizations below	dual tr	tional		nploy	st con				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MOLLY VAN HOUWELING	5.00	 	 	Ť			_			_
CHAIRMAN	0.00	X		Х				0.	0.	0.
(2) CHRISTOPHER THORNE	5.00									
VICE CHAIRMAN	0.00	X		Х				0.	0.	0.
(3) PAUL BREST	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(4) RUTH OKEDIJI	2.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(5) PAUL KELLER	2.00	l								
BOARD MEMBER	0.00	Х						0.	0.	0.
(6) TOM RUBIN	2.00	l								•
BOARD MEMBER	0.00	Х						0.	0.	0.
(7) JONGSOO YOON	2.00	١								•
BOARD MEMBER	0.00	Х						0.	0.	0.
(8) BEN ADIDA	2.00	١,,							0	0
BOARD MEMBER	0.00	Х						0.	0.	0.
(9) RENATA AVILA	2.00	₹.						_	0	0
BOARD MEMBER	2.00	Х						0.	0.	0.
(10) JOHNATHAN NIGHTINGALE BOARD MEMBER	0.00	x						0.	0.	0.
(11) KATE SPELMAN	2.00	^						0.	0.	0.
BOARD MEMBER	0.00	X						0.	0.	0.
(12) LAWRENCE LESSIG	2.00		\vdash					•	0.	
BOARD MEMBER EMERTIS	0.00	X						0.	0.	0.
(13) RYAN MERKLEY	5.00	 						•	•	
CEO		x		х				0.	219,919.	17,661.
(14) DIANE PETERS	40.00								,	
GENERAL COUNSEL	0.00	1		Х				164,253.	0.	10,794.
(15) TREVOR SEETHALER	40.00							-		<u>-</u>
DIR. OF FINANCE	0.00	1		Х				118,708.	0.	7,458.
(16) CABLE GREEN	40.00									
DIR. OF OPEN EDUCATION	0.00	L	<u>L</u>		<u> </u>	Х	L	130,739.	0.	35,563.
(17) SARAH PEARSON	40.00									
SENIOR COUNSEL	0.00					Х		120,871.	0.	15,973.

732007 11-28-17

Form **990** (2017)

Name and title Average hours per week (list arry hours for related organizations) hours for related organizations helow line)	Part VII Section A. Officers, Directors, Tru (A)	(B)	טוקי[,ees		<u>а н</u> С)	ıgııe	ai ((D)	(E)	\neg		(F)	
hours per was decreased and section compensation compensa	` ,	1 ' '			Pos	itior	1		` '					d
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119 REBECCA LENDL 10 0 0 0 0 0 0 0 0	DIRECTOR OF CONTENT & COMMUNITY						X		119,900.		0.	17	, 51	15.
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation Compensation Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 2 Total number of independent contractors (- 1			0.
compensation from the organization Yes No	d Total (add lines 1b and 1c)							>	868,371.	219,91	9.	124	, 46	53.
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization or individual for services frendered to the organization? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person. Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. Yes No	2 Total number of individuals (including but	not limited to th	nose	liste	ed al	bov	e) wł	no r	eceived more than \$100	,000 of reportable	,			
3	compensation from the organization													9
line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Bescription of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization is form the organization is compensation from the organization from the organiz											_)	es	No
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and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 ▼ X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0	line 1a? If "Yes," complete Schedule J for	such individual									[3		_ <u>X</u>
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 1 Total number of organization ↑ 1 Total number	· · · · · · · · · · · · · · · · · · ·	-		-					•	the organization				
rendered to the organization? If "Yes," complete Schedule J for such person	and related organizations greater than \$1	50,000? If "Yes,	" cc	mpl	ete S	Sch	edule	e J	for such individual		<u>L</u>	4	X	
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	5 Did any person listed on line 1a receive or	accrue compe	nsat	ion 1	from	any	/ unr	elat	ted organization or indivi	dual for services				
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation NONE Description of services Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.		mplete Schedui	le J	for s	uch	pers	son .				<u></u>	5		<u> </u>
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization														
(A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation \(\rightarrow\)											ensa	ation fro	m	
Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0	the organization. Report compensation for	r the calendar y	ear/	end	ing v	vith	or w	ithi		/ear.				
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0		0 0 0 0 0 0 0	3.7	~ N T 1	_					om doos	C.			_
\$100,000 of compensation from the organization 0	Name and busines	s address	N)NI	<u> </u>				Description of s	ervices		ompens	satioi	1
\$100,000 of compensation from the organization 0														
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	φ του,υσο or compensation from the organ	iiZation 📂										0	20. /~	201=

	990 (t VII	(==)		IONS CORE	ORATION		04-3363	301 Page 9
Га	t VII				5			
		Check if Schedule O cont	tains a response	or note to any li	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines	1b 1c 1d 1d 1tions) 1e 1ts, and 1f 1,	477,689.				
<u>ā</u> <u>č</u>	h	Total. Add lines 1a-1f		<u></u>	1,477,689.			
Program Service Revenue	2 a b c		TRACT	Business Code 541900	11,668.	11,668.		
gra Re	u							
Pro	e	All other program conting rous						
_		All other program service reve			11,668.			
	<u>9</u> 3	Total. Add lines 2a-2f			11,000.			
	4	other similar amounts)		>	133,858.			133,858.
	5	Royalties						
		•	(i) Real	(ii) Personal				
	6 a	Gross rents	.,					
	b	Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		•				
		Gross amount from sales of	(i) Securities	(ii) Other				
	, u	assets other than inventory						
	h	Less: cost or other basis	790,231.		-			
		and sales expenses	773,390.					
	_	Gain or (loss)						
		Net gain or (loss)		•	16,841.			16,841.
		Gross income from fundraisin						
Other Revenue	o u	including \$ contributions reported on line	of					
۳. ا		Part IV, line 18	a					
t	b	Less: direct expenses						
١		Net income or (loss) from fund						
	9 a	Gross income from gaming ad	ctivities. See					
		Part IV, line 19	a					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gan	ning activities	. <u></u>				
	10 a	Gross sales of inventory, less						
		and allowances	a					
		Less: cost of goods sold						
ļ	С	Net income or (loss) from sale	es of inventory	<u> </u>				
ļ		Miscellaneous Revenu		Business Code				
	11 a	FOREIGN CURRENC	Y LOSSE	523000	-648.			-648.
	b				ļ			
	С				ļ			
		All other revenue			C40			
		Total. Add lines 11a-11d			-648.	11 660	^	150 051
	12	Total revenue. See instructions.		<u></u>	μ,639,408.	11,668.	0.	150,051.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response or note to any line in this Part IX (B) (D) (C) Do not include amounts reported on lines 6b. Fundraising expenses Program service expenses Total expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 342,117. 342,117. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 700,599. 122,736. 979,355. 156,020. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 441,842. 305,582. 58,238. 78,022. Other salaries and wages 7 Pension plan accruals and contributions (include 92,055 54,300. 16,538. 21,217. section 401(k) and 403(b) employer contributions) 87,670. 73,167. 6,287. 8,216. Other employee benefits 9 14,023. 111,891. 80,043. Payroll taxes 17,825. 10 Fees for services (non-employees): a Management 19,358. 14,195. 5,163. Legal 4,341. 27,247. 19,491. 3,415. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 493,699. 32,202. 8,179. 534,080. column (A) amount, list line 11g expenses on Sch O.) 59,734. 13,303. 83,502. 10,465. Advertising and promotion 12 2,436. 19,439. 13,906. 3,097. 13 Office expenses 115,084. 82,327. 14,423. 18,334. 14 Information technology 15 Royalties 2,096. 16,727. 11,966. 2,665. 16 Occupancy 62,309. 485,189. 355,673. 67,207. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 22,703. 181,158. 129,595. 28,860. Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 63,700. 10,148. 45,569. 7,983. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) All other expenses 3,600,414. 2,767,768. 381,017. 451,629. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			9,620,467.	1	890,142.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			1,118,135.	3	548,853.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens	ated er	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
ţ		section 4958(f)(1)), persons described in section	1 4958	c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 50	1(c)(9) voluntary			
		employees' beneficiary organizations (see instr)	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
₹	8	Inventories for sale or use				8	
	9	B			72,934.	9	30,225.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	8,265.			
	b	Less: accumulated depreciation		2,525.	4,867.	10c	5,740. 7,483,074.
	11	Investments - publicly traded securities		3,840.	11	7,483,074.	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ		· ·	10,820,243.	16	8,958,034.
	17	Accounts payable and accrued expenses	283,416.	17	321,328.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to current and former	roffice	rs, directors, trustees,			
≣		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24). Complete Part X of			
		Schedule D			202 416	25	201 200
	26	Total liabilities. Add lines 17 through 25			283,416.	26	321,328.
		Organizations that follow SFAS 117 (ASC 958		ck here A and			
ces		complete lines 27 through 29, and lines 33 ar			0 052 262		7 205 705
<u>a</u>	27	Unrestricted net assets			8,853,262. 1,683,565.	27	7,385,785. 1,250,921.
Fund Balances	28	Temporarily restricted net assets			1,003,303.	28	1,230,921.
<u>n</u>	29					29	
		Organizations that do not follow SFAS 117 (A	SC 95	8), check here			
S		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in			10,536,827.	32	8,636,706.
_	33	Total net assets or fund balances				33	
	34	Total liabilities and net assets/fund balances			10,820,243.	34	8,958,034.

Form **990** (2017)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X		
		.						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	639	9,4	08.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,	600	0,4	14.		
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,			$\frac{27.}{70.}$		
5	5 Net unrealized gains (losses) on investments 5							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-3	85.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	8,	636	6,7	06.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>				Ш		
			_		Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х	<u> </u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O	. [
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Auc	dit					
	Act and OMB Circular A-133?			За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	lit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b				
				orm	990 ((2017)		

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization CREATIVE COMMONS CORPORATION 04 - 3585301Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17

Total

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4,232,527.	2,912,901.	1,955,427.	12,115,359.	1,477,689.	22,693,903.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						_
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4,232,527.	2,912,901.	1,955,427.	12,115,359.	1,477,689.	22,693,903.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						16,182,506.
_6	Public support. Subtract line 5 from line 4.						6,511,397.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	4,232,527.	2,912,901.	1,955,427.	12,115,359.	1,477,689.	22,693,903.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	63.	87.	313.	101.	133,858.	134,422.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	6,260.	2,468.	-3,674.	-1,321.	-648.	3,085.
11	Total support. Add lines 7 through 10						22,831,410.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	11,668.
13	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
<u>C-</u>	organization, check this box and stor						<u></u> ▶□
	ction C. Computation of Publ						20 52
14	Public support percentage for 2017 (I					14	28.52 %
15	Public support percentage from 2016					15	22.30 %
16a	33 1/3% support test - 2017. If the c						x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2016. If the c	•		,		,	nis box
4-	and stop here. The organization qual						P
1/a	10% -facts-and-circumstances tes	•					•
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						······
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the		•				
40	organization meets the "facts-and-circ			•	,		
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	, 16b, 1/a, or 17b	, check this box a	ina see instruction	s

Schedule A (Form 990 or 990-EZ) 2017

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	, <u>, , , , , , , , , , , , , , , , , , </u>	,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
10	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) organi	zation,
							>
	ction C. Computation of Publ					1 1	
	Public support percentage for 2017 (15	<u>%</u>
	Public support percentage from 2016					16	<u>%</u>
	ction D. Computation of Inve					11	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	<u>%</u>
198	33 1/3% support tests - 2017. If the						
_	more than 33 1/3%, check this box a						
ł	33 1/3% support tests - 2016. If the						
00	line 18 is not more than 33 1/3%, che						
20	Private tolingation if the organization	IN MICH DOT CDACK 3	DOX OD 1104 1/4 10	n ar iun chackt	THE DAY AND COO IN	ETHICTIONS	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
0.5		
3с		
1-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
-		
8		
9a		
9b		
9с		
40-		
10a		
10b		
n 990 or 9	90-EZ	2017

Pa	rt IV Supporting Organizations (continued)			
	,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		i
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	!•		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Distributions			Current Year
1	Amou	ints paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	ints paid to perform activity that directly furthers exemp	ot purposes of supported		
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amou	ints paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrik	outions to attentive supported organizations to which the	ne organization is responsive	е	
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2017 from Section C, line 6			
10	Line 8	3 amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distrib	outable amount for 2017 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2017 (reason-			
	able c	cause required- explain in Part VI). See instructions.			
3	Exces	ss distributions carryover, if any, to 2017			
а					
b	From	2013			
С	From	2014			
d	From	2015			
е	From	2016			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2017 distributable amount			
i	Carry	over from 2012 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2017 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2017 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2017, if			
		Subtract lines 3g and 4a from line 2. For result greater			
		zero, explain in Part VI. See instructions.			
6		ining underdistributions for 2017. Subtract lines 3h			
		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2018. Add lines 3j			
	and 4				
8		down of line 7:			
		ss from 2013			
		ss from 2014			
		ss from 2015			
		ss from 2016			
۵	Exces	ss from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2013 AMOUNT: \$ 7,812.

2014 AMOUNT: \$ 634.

FOREIGN CURRENCY G/L

2013 AMOUNT: \$ -1,552.

2014 AMOUNT: \$ 1,834.

2015 AMOUNT: \$ -3,674.

2016 AMOUNT: \$ -1,321.

2017 AMOUNT: \$ -648.

PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:

REG. SEC. 1.170A-9(F)(3)(II)

CREATIVE COMMONS CORPORATION ("THE ORGANIZATION") IS AN ORGANIZATION THAT
MAINTAINS A CONTINUOUS AND BONA FIDE PROGRAM FOR SOLICITATION OF FUNDS
FROM THE GENERAL PUBLIC AND COMMUNITY. DURING 2017, THE ORGANIZATION
EXPENDED \$451,629 OR 12.54% OF TOTAL FUNCTIONAL EXPENSES, ON FUNDRAISING
ACTIVITIES.

REG. SEC. 1.170A-9(F)(3)(III)(A)

THE ORGANIZATION NORMALLY RECEIVES PUBLIC SUPPORT FROM THE GENERAL PUBLIC ABOVE 10% AS REQUIRED UNDER REG. SEC. 1.170A-9(F)(3)(I).

REG. SEC. 1.170A-9(F)(3)(III)(B)

THE ORGANIZATION RECEIVES SUPPORT FROM REPRESENTATIVE NUMBER OF PERSONS.

Part VI	Part I' line 1; Section	V, Section A ; Part IV, Se	, lines 1, 2 ction D, line , 6, and 8;	, 3b, 3c, 4 es 2 and 3	b, 4c, 5a, 6 s; Part IV, 5	6, 9a, 9b, 9 Section E, I	9c, 11a, 1 lines 1c, 2	1b, and 2a, 2b, 3	l 11c; Par 3a, and 3l	t IV, Sectio o; Part V, lir	n B, lines ne 1; Part	or 17b; Part 1 and 2; Pa V, Section E onal informa	rt IV, Section C, 3, line 1e; Part V,
REG.	SEC.	1.170	A-9(F)(3)(III)(2)							
THE O	RGAN	IZATIO	N HAS	A GO	VERNII	NG BOI	N WH	ICH	REPRI	ESENTS	THE	BROAD	INTERESTS
OF TH	E PUI	BLIC.											

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number Name of the organization 04 - 3585301CREATIVE COMMONS CORPORATION Organization type (check one):

Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	4947(a)(1) Horiexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
, ,	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
ū	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.					
year, total contribut	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
year, contributions is checked, enter h purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year					
ŭ	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to					

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization Employer identification number

CREATIVE COMMONS CORPORATION 04-3585301

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 200,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$10,000.	Person X Payroll

Name of organization Employer identification number

CREATIVE COMMONS CORPORATION 04-3585301

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a)	(b)	(c)	(d)
No. 7	Name, address, and ZIP + 4	Total contributions \$ 8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$5,000.	Person X Payroll

Name of organization Employer identification number

CREATIVE COMMONS CORPORATION 04-3585301

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$10,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$	Person X Payroll

CREATIVE COMMONS CORPORATION

04 - 3585301

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a)			
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
23453 11-01-		Sahadula P (Farm	990, 990-EZ, or 990-PF) (201

Name of organization Employer identification number 04-3585301 CREATIVE COMMONS CORPORATION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047 **2017**

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Tax) (see separate instructions), then				
•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nan	ne of organization			Emp	loyer identification number
		E COMMONS CORPOR			04-3585301
Pa	art I-A Complete if the org	ganization is exempt und	der section 501(c	or is a section 527 o	organization.
	Provide a description of the organization	•			
	Political campaign activity expendit				S
3	Volunteer hours for political campa	ign activities			
		ganization is exempt und			
1	Enter the amount of any excise tax	incurred by the organization un	der section 4955	▶ 9	S
2	Enter the amount of any excise tax	incurred by organization manage	gers under section 495	5 > §	S
3	If the organization incurred a section	on 4955 tax, did it file Form 4720) for this year?		Yes No
4a	a Was a correction made?				Yes No
	If "Yes," describe in Part IV.	 	1: 504/		() (0)
Pa	art I-C Complete if the org	ganization is exempt und	der section 501(c), except section 501	(c)(3).
	Enter the amount directly expended	, ,	•		S
2	Enter the amount of the filing organ		-		
	exempt function activities				S
3	Total exempt function expenditures				
	line 17b				S
4	Did the filing organization file Form				
5	Enter the names, addresses and er				
	made payments. For each organiza contributions received that were pr				•
	political action committee (PAC). If		·	•	ate segregated fulld of a
	. ,	· · · · · · · · · · · · · · · · · · ·	1	1	(a) Amount of molitical
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate political organization.
					If none, enter -0
					,

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2017

LHA

732041 11-09-17

Sche	edule C (Form 990 or 990-EZ) 2017 (CREATIVE CO	MMONS CORPO	RATION	04-3	585301 Page 2
Par	rt II-A Complete if the org section 501(h)).	anization is exe	mpt under sectio	n 501(c)(3) and fil	ed Form 5768 (el	ection under
A Ch	heck Filing organizat	tion belongs to an aff	liated group (and list ir	n Part IV each affiliated	group member's nam	e, address, EIN,
	expenses, and shar	e of excess lobbying	expenditures).			
B Ch	heck 🕨 🔲 if the filing organizat	tion checked box A a	nd "limited control" pro	ovisions apply.		
		ts on Lobbying Expe ditures" means amou	nditures ınts paid or incurred.		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influ	uence public opinion (grass roots lobbying)		639.	
	Total lobbying expenditures to influ				0.	
		-	• • • • • •		639.	
	Other exempt purpose expenditure				2,767,129.	
	Total exempt purpose expenditures				2,767,768.	
	Lobbying nontaxable amount. Ente				288,388.	
[If the amount on line 1e, column (a) o		bying nontaxable am			
l	Not over \$500,000		the amount on line 1e			
Ī	Over \$500,000 but not over \$1,000	0,000 \$100,00	00 plus 15% of the exc	ess over \$500,000.		
Ī	Over \$1,000,000 but not over \$1,5		00 plus 10% of the exc			
ı	Over \$1,500,000 but not over \$17,		00 plus 5% of the exce			
ı	Over \$17,000,000	\$1,000,	000.	, ,		
•						
g	Grassroots nontaxable amount (en	ter 25% of line 1f)			72,097.	
h	Subtract line 1g from line 1a. If zero	o or less, enter -0-			0.	
i	Subtract line 1f from line 1c. If zero				0.	
	If there is an amount other than zer					
	reporting section 4911 tax for this	year?			[Yes No
			eraging Period Under			
	(Some organizations th		01(h) election do not ate instructions for li	•	of the five columns b	elow.
		Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total		
2a Lobbying nontaxable amount	345,485.	268,312.	259,286.	288,388.	1,161,471.		
b Lobbying ceiling amount (150% of line 2a, column(e))					1,742,207.		
c Total lobbying expenditures	836.	512.	798.	639.	2,785.		
d Grassroots nontaxable amount	8,712.	67,078.	64,822.	72,097.	212,709.		
e Grassroots ceiling amount (150% of line 2d, column (e))					319,064.		
f Grassroots lobbying expenditures	836.	512.	378.	639.	2,365.		

Schedule C (Form 990 or 990-EZ) 2017

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	n F01/a	/E\ 0 × /		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), Or	section	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members			art III-A, lii	ne 3, is
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic		····		
_	expenses for which the section 527(f) tax was paid).	-4.			
а	Current year		28		
	Carryover from last year				
	Total		۱ ـ	_	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc		📑		
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par					
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list): Part I	I-A. lines	1 and 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	,,	,	(
	,, , , , , , , , , , , , , , , , , , , ,				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CREATIVE COMMONS CORPORATION

Employer identification number 04 - 3585301

Pai	t I Organizations Maintaining Donor Advise		or Accounts. Complete if the	
	organization answered "Yes" on Form 990, Part IV, lin		2 3 3 4 3 5 5	
	, ,	(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds	
	are the organization's property, subject to the organization's	-		No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
				No
Pai				_
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	orically important land area	
	Protection of natural habitat	Preservation of a certif	fied historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of	of a conservation easement on the last	
	day of the tax year.		Held at the End of the Tax Ye	ear
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	ıre	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re			
	year ▶			
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements i	t holds?	Yes I	No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year	
	>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	tion easements during the year	
	▶ \$			
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?		Yes LI	No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, and balance sheet, and	
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes t	the organization's accounting for	
_	conservation easements.			
Pai			ther Similar Assets.	
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public exl	,	nce of public service, provide, in Part XI	III,
	the text of the footnote to its financial statements that descri			
b	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pub	olic service, provide the following amou	nts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical tre		gain, provide	
	the following amounts required to be reported under SFAS 1		. .	
a	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X		🕨 💲	

732051 10-09-17

Schedule D (Form 990) 2017

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Pa	rt III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, c	or Othe	r Similar	Asse	ts (continu	ıed)	
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following tha	at are a si	gnificant us	e of its	collection	item	s
	(check all that apply):										
а	Public exhibition	d	ι 🔲 ι	_oan or exc	hange progra	ams					
b	Scholarly research	е		Other							
С	Preservation for future generations			·							
4	Provide a description of the organization's co	llections and explain	n how th	ey further t	he organizati	on's exer	npt purpose	e in Part	XIII.		
5	During the year, did the organization solicit or	receive donations	of art, his	storical trea	sures, or oth	er similar	assets		_		_
	to be sold to raise funds rather than to be ma							<u> L</u>	Yes		No
Pa	art IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or										
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodia								1		,
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:							
									Amount		
С	Beginning balance										
d	Additions during the year										
е	Distributions during the year										
f	Ending balance						. <u> 1f </u>		1		Τ
	Did the organization include an amount on Fo						ty?	🖳	Yes		∐ No
	If "Yes," explain the arrangement in Part XIII. rt V Endowment Funds. Complete if						·····				
Га	rt V Endowment Funds. Complete if				1			ro book	1-1 Four	,00r0	hook
4.	Paringing of combalance	(a) Current year	(a)	rior year	(c) Two year	IS DACK (d) Three yea	IS Dack	(e) Four y	/ears	Dack
1a	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
9 2	End of year balance	ont year and balance	o (lino 1	a column ()) hold oo:						
2	Board designated or quasi-endowment	ent year end baland	.e (iirie ri %	y, coluitiii (a)) Helu as.						
a b	Permanent endowment	%									
	Temporarily restricted endowment										
·	The percentages on lines 2a, 2b, and 2c shot										
32	Are there endowment funds not in the posses		ation tha	it are held a	and administe	ared for th	ne organizat	ion			
ou	by:	solon of the organiza	ation the	it are riola c		700 101 11	io organizat		Г	⁄es	No
	(i) unrelated organizations								3a(i)		-110
	and the state of t								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										
Pa	rt VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	D, Part IV	/, line 11a. S	See Form 990), Part X,	line 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulated		(d) Book	value	
		basis (investr			(other)		reciation				
1a	Land										
b	Buildings										
С	Leasehold improvements										
	Equipment				8,265.		2,52	5.	5	<u>,</u> 7	40.
	Other										
Tota	I. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, colum	nn (B), line	10c.)			>	5	,7	40.

Schedule D (Form 990) 2017 CREATIVE CO	MMONS CORPORA	ATION 04	1-3585301 Page 3
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		•	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total . (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	9 15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		5.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule D (Form 990) 2017

(7) (8)

		e ner Audited Financial Stateme		arrancia nas Datus	-		
Pai		e per Audited Financial Stateme		evenue per Returi	П.		
	•	wered "Yes" on Form 990, Part IV, line 12a.	•		1		
1	Total revenue, gains, and other support			1			
			1 - 1				
		ents					
					l		
3				3			
4	Amounts included on Form 990, Part VII	•	1 - 1				
		orm 990, Part VIII, line 7b					
			4b		l		
		must equal Form 990, Part I, line 12.)					
Pai		es per Audited Financial Statem		expenses per Retu	ırn.		
		wered "Yes" on Form 990, Part IV, line 12a.			1		
1		inancial statements		1			
2	Amounts included on line 1 but not on F		1 1				
а							
b							
С							
d							
3				3			
4	Amounts included on Form 990, Part IX,	•	1 1				
		orm 990, Part VIII, line 7b					
			•				
		is must equal Form 990, Part I, line 18.)		5			
	art XIII Supplemental Informatio						
	· · · · · · · · · · · · · · · · · · ·	nes 3, 5, and 9; Part III, lines 1a and 4; Part			t X, line 2; Part XI,		
ines	s 2d and 4b; and Part XII, lines 2d and 4b.	Also complete this part to provide any add	litional informat	tion.			
	D. W. T. T. T. O.						
PAI	RT X, LINE 2:						
~F-		NADE EDON THEOLER ETTER					
CKI	REATIVE COMMONS IS EXEMPT FROM INCOME TAXES UNDER INTERNAL REVENUE						

SECTION 501(C)(3). CREATIVE COMMONS QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(1).

CREATIVE COMMONS RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE THAN NOT TO BE SUSTAINED. MANAGEMENT CONTINUOUSLY EVALUATES TAX POSITIONS REFLECTED IN THE CREATIVE COMMONS' TAX FILINGS AND DOES NOT BELIEVE THAT ANY MATERIAL UNCERTAIN TAX POSITIONS EXIST.

Schedule D (Form 990) 2017

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2017
Open to Public Inspection

Name of the organization

Employer identification number

CREATIVE COMMON	S CORPOR	ATION			04-358530	01
			tside the United States. Comple	te if the organ		
Form 990, Part IV						
			ds to substantiate the amount of its gra			
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or assi	istance?	Yes X No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and o	ther assistance out	tside the
3 Activities per Region. (TI	he following Part	I, line 3 table c	an be duplicated if additional space is n	needed.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prod describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
NORTH AMERICA -						
CANADA AND MEXICO,						
BUT NOT THE UNITED						
STATES	0	4	TO EMPLOY CANADIAN STAFF			356,639.
3 a Sub-total	0	4				356,639.
b Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	0	4				356,639.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2017

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any
recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

I a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FM\ appraisal, other)
		NORTH AMERICA -						
		CANADA AND						
		MEXICO, BUT NOT						
		THE UNITED STATES	GENERAL OPERATIONS.	342,117.		0.		

3 Enter total number of other organizations or entities .

		ates. Complete if	the organization answered Yes	on Form 990, Part	IV, line 16.	
(b) Region		(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other
	dditional space is neede	dditional space is needed. (c) Number of	dditional space is needed. (c) Number of (d) Amount of	dditional space is needed. (c) Number of (d) Amount of (e) Manner of	dditional space is needed. (c) Number of (d) Amount of (e) Manner of (f) Amount of (ash disbursement) (b) Region (c) Number of (d) Amount of (ash disbursement)	(b) Region (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of noncash assistance

	•		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2017

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

CREATIVE COMMONS CORPORATION

Employer identification number 04-3585301

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
_				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	 X Compensation committee Independent compensation consultant Written employment contract Compensation survey or study 			
	Independent compensation consultant Independent compensation compensation committee Independent compensation compensation committee Independent committee Independent committee Independent c			
	Approval by the board of compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			Х
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9		
	Regulations section 53.4958-6(c)?	ש		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (F) Compensa (B)(i)-(D) in column (
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(B)(I)-(U)	reported as deferred on prior Form 990		
(1) RYAN MERKLEY	(i)	0.	0.	0.	0.	0.		0.		
CEO	(ii)	216,090.	3,829.	0.	10,805.	6,856.		0.		
(2) DIANE PETERS	(i)	164,253.	0.	0.	9,463.	1,331.		0.		
GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.		0.		
(3) CABLE GREEN	(i)	130,739.	0.	0.	7,869.	27,694.		0.		
DIR. OF OPEN EDUCATION	(ii)	0.	0.	0.	0.	0.	0.	0.		
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
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	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CREATIVE COMMONS CORPORATION

Employer identification number 04 - 3585301

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OUR VISION IS NOTHING LESS THAN REALIZING THE FULL POTENTIAL OF THE INTERNET - UNIVERSAL ACCESS TO RESEARCH AND EDUCATION, FULL PARTICIPATION IN CULTURE - TO DRIVE A NEW ERA OF DEVELOPMENT, GROWTH, AND PRODUCTIVITY.

FORM 990, PART VI, SECTION B, LINE 11B:

DRAFT OF FORM 990 IS PRESENTED TO AND APPROVED BY THE AUDIT COMMITTEE AS THE DESIGNATED REPRESENTATIVE OF THE BOARD OF DIRECTORS. AFTER APPROVAL, A COPY OF FORM 990 IS GIVEN TO THE ENTIRE GOVERNING BOARD BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ORGANIZATION POLICY COVERS ALL DIRECTORS, OFFICERS, AND EMPLOYEES. DETERMINATION OF WHETHER A CONFLICT EXISTS ARE MADE BY THE AUDIT COMMITTEE. THIS COMMITTEE MAKES A FINAL DETERMINATION AND REPORTS OUTCOMES TO THE BOARD OF DIRECTORS. PERSONS WITH ACTUAL AND POSSIBLE CONFLICTS ARE ALLOWED TO PROVIDE INFORMATION OF RELEVANCE TO THE DETERMINATIONS DURING THE MEETINGS AND THE REVIEW, BUT CANNOT ATTEND WHEN THE FINAL DETERMINATION OF THE CONFLICT IS DECIDED.

FORM 990, PART VI, SECTION B, LINE 15:

THE PROCESS BY WHICH THE CEO'S ANNUAL COMPENSATION IS ESTABLISHED IS MANAGED BY AN AD HOC COMPENSATION COMMITTEE OF THE BOARD THAT IS LED BY THE CHAIR OF THE BOARD. THE COMMITTEE CONSIDERS COMPARABLE COMPENSATION FROM SIMILARLY SITUATED FOR PROFIT AND NON PROFIT ORGANIZATIONS. THE INFORMATION

AND DELIBERATIONS ARE DOCUMENTED CONTEMPORANEOUSLY IN MINUTES OF THE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization CREATIVE COMMONS CORPORATION	Employer identification number 04-3585301
COMMITTEE. THE FINAL DECISION IS MADE BY THE BOARD OF I	DIRECTORS UPON THE
RECOMMENDATION OF THE COMMITTEE WITH THE CEO ABSENT FRO	OM THE PROCEEDINGS.
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINAN	NCIAL STATEMENTS, ANI
CODE OF CONDUCT ARE AVAILABLE ON THE ORGANIZATION'S WEE	SSITE AND UPON
REQUEST FOR THE SAME PERIOD OF TIME SET FORTH IN SEC. 6	5104(D).
FORM 990, PART VII, SECTION A, LINE 1A:	
RYAN MERKLEY IS AN EMPLOYEE OF THE CANADIAN SUBSIDIARY,	BUT HIS ONLY
ASSIGNMENT IS TO SERVE AS CEO OF CREATIVE COMMONS CORPO	DRATION.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROJECT SUPPORT:	
PROGRAM SERVICE EXPENSES	4,681
MANAGEMENT AND GENERAL EXPENSES	310
FUNDRAISING EXPENSES	89.
TOTAL EXPENSES	5,080.
PROFESSIONAL SERVICES:	
PROGRAM SERVICE EXPENSES	404,544
MANAGEMENT AND GENERAL EXPENSES	26,792
FUNDRAISING EXPENSES	7,717
TOTAL EXPENSES	439,053
CONSULTING AND DESIGN:	
PROGRAM SERVICE EXPENSES	63,106
732212 09-07-17 S	chedule O (Form 990 or 990-EZ) (2017

Name of the organization CREATIVE COMMONS CORPORATION	Employer identification number 04-3585301
MANAGEMENT AND GENERAL EXPENSES	3,587.
FUNDRAISING EXPENSES	131.
TOTAL EXPENSES	66,824.
OTHER:	
PROGRAM SERVICE EXPENSES	21,368.
MANAGEMENT AND GENERAL EXPENSES	1,513.
FUNDRAISING EXPENSES	242.
TOTAL EXPENSES	23,123.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	534,080.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CURRENCY CONVERSION DIFFERENCE	-385.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Employer identification number CREATIVE COMMONS CORPORATION 04-3585301

(a)	(b)	(c)	(d)	(e)		(f) Direct controlling		
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Primary activity Legal domicile (state or foreign country)		Total income End-of-year			entity	
		<u> </u>						
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization a	nswered "Yes" on Form 990), Part IV, line 34, t	pecause it had one	e or more re	elated tax-exe	empt	
(a)	(b)	(c)	(d)	(e)		(f)	Section 5	g) 512(b)(13)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section		controlling entity	contr	rolled ity?
·		<i>3</i> ,,		501(c)(3))		-	Yes	No
					<u> </u>			Ь—

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	ng Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Diamanadiamata		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managir partner	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	D

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?	
		country)		,				Yes	No
0941176 B.C. LTD			CREATIVE						
PO BOX 1866	TO EMPLOY CANADIAN		COMMONS						
MOUNTAIN VIEW, CA 94042	EMPLOYEES	CANADA	CORPORATION	C CORP			100.00%	X	
	-								
	-								
									↓

Part V	Transactions With Related Organizations.	Complete if the organization answered	"Yes" on Form 990, Part IV, line 34, 35b, or 36.
	Transactions With Holaton Organizationer	complete if the organization and words	

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.									
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?									
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	y			1a		X		
b	Gift, grant, or capital contribution to related organization(s)				1b	X			
С	Gift, grant, or capital contribution from related organization(s)								
	Loans or loan guarantees to or for related organization(s)								
	Loans or loan guarantees by related organization(s)				1e		Х		
f	Dividends from related organization(s)								
g	g Sale of assets to related organization(s)								
h	h Purchase of assets from related organization(s)								
i	i Exchange of assets with related organization(s)								
j Lease of facilities, equipment, or other assets to related organization(s)							Х		
•									
k	k Lease of facilities, equipment, or other assets from related organization(s)								
ı	I Performance of services or membership or fundraising solicitations for related organization(s)								
m Performance of services or membership or fundraising solicitations by related organization(s)									
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
	Sharing of paid employees with related organization(s)								
	3 1 1 7 3 (7								
p Reimbursement paid to related organization(s) for expenses									
q Reimbursement paid by related organization(s) for expenses						Х			
٩	Tromburganism paid by related enganization (b) for expenses				1q				
r Other transfer of cash or property to related organization(s)									
•	s Other transfer of cash or property from related organization(s)								
	s Other transfer of cash or property from related organization(s) 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.								
_	(a)		(c)	·					

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) 0941176 B.C. LTD	В	342,117.	CASH
(2) 0941176 B.C. LTD	0	346,955.	ACTUAL COST
(3)			
<u>(4)</u>			
<u>(5)</u>			
(6)	10		

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	Are a partners 501(c orgs)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are a	ail s sec.	Share of	Share of	Dispr	ropor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	l or Percentag
of entity		(state or foreign	(related, unrelated,	501(c)(3)	total	end-of-year	alloca	nate itions?	amount in box 20	manag	ng r? ownershi
•		country)	sections 512-514)	Yes	No.	income	assets	Vac	No	(Form 1065)	Yes	10
				res	NO			res	INO	(resi	10
				\neg								
									_		\vdash	
-				\vdash							\vdash	
				\dashv							\vdash	
										1		
										1		
											H	
										1		